## **DIHS HEALTH RECORD ANALYSIS**

## WORKSHEET AND REPORTING FORM

A#		Provider
Encounter	er date:	Diagnosis:
CRITER	RIA:	
RI	RECORD SET-UP	
1.	. Chart labeled and numbered Y N	according to policy.  Percent compliance
2.	. A#, detainee name, and facility N	ity on all forms.  Percent compliance
3.	. Chart order correct. Y	Percent compliance
4.	Drug allergy identified in pro	oblem list and label on chart, if applicable.  Percent compliance
5.	. No known drug allergy (NKI Y N	DA) identified on problem list.  Percent compliance
6.	Consent forms present, signe Y N	d, dated, and witnessed.  Percent compliance
7.	Only approved DIHS forms by N	used. Percent compliance
DOCUM	<u>MENTATION</u>	
1.	. SOAP format used. Y N	Percent compliance
2.	Entries are dated and timed (	military time). Percent compliance
3.	. Entries are legible and in black Y N	ck ink only.  Percent compliance
4.	Entries are signed and identify N	fied with stamp or printed name.  Percent compliance

5. Abbreviations are from DIHS approve		S approved list.		
	Y	N	Percent compliance	
6.	Charting error	rs corrected in a	accordance with policy.  Percent compliance	
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7.	7. There are no blank spaces between entries.		tween entries.	
	Y	N	Percent compliance	
8.	X-ray, labs, consults initialed/signed and dated by physician/designed			
	Y	N	Percent compliance	
Threshold				
Percent compliance with all criteria				